

| POST CODE PURPLE EVALUATION | |
|--|--|
| Date: | Unit/Area: |
| Time Code Purple Called: | Time of delivery: |
| Event Data (Check & write in additional comments if applicable) | |
| 1. Contributing pre-existing conditions: <input type="checkbox"/> None <input type="checkbox"/> Fetal Presentation <input type="checkbox"/> Pregnancy Induced Hypertension <input type="checkbox"/> Fetal Heart Rate Pattern Category II, III <input type="checkbox"/> Magnesium Sulfate <input type="checkbox"/> Oxytocin <input type="checkbox"/> Diabetes | 2. Event Description: <input type="checkbox"/> Fetal Heart Rate Pattern <input type="checkbox"/> Cord Prolapse <input type="checkbox"/> Shoulder Dystocia <input type="checkbox"/> Maternal Bleeding <input type="checkbox"/> Fainting episode, seizure <input type="checkbox"/> Other: _____ 3. Probable cause(s): |
| Background | |
| Admit Date: _____ Provider: _____ Allergies: _____ EGA: _____ Medications: _____ <input type="checkbox"/> Singleton <input type="checkbox"/> Multiple Time from Code White activation to delivery: _____ minutes. History: _____ _____ _____ | |
| Problem Data (Check all that apply) | |
| <input type="checkbox"/> No problems identified <input type="checkbox"/> Team Activation Delay <input type="checkbox"/> Team Response Delay <input type="checkbox"/> Anesthesia Delay <input type="checkbox"/> Vascular Access Delay <input type="checkbox"/> Medication Delay <input type="checkbox"/> Equipment Availability <input type="checkbox"/> Equipment Malfunction | <input type="checkbox"/> Delay in identifying Team leader <input type="checkbox"/> Knowledge deficit of roles <input type="checkbox"/> Knowledge deficit of medications <input type="checkbox"/> Knowledge deficit of protocols <input type="checkbox"/> Knowledge deficit <input type="checkbox"/> ACLS/BLS/NRP protocol not followed <input type="checkbox"/> Documentation <input type="checkbox"/> Other: _____ |
| Staff (write in names) | |
| Provider Team Leader: | Charge RN: |
| Anesthesia Provider: | Primary RN: |
| Other Provider/RN: | HM: |
| Pediatric Provider: | Surgical Tech: |
| Respiratory Tech: | OOD: |
| NOD: | |
| Maternal Disposition: | |
| Infant Disposition: | |
| <input type="checkbox"/> Family/support person present <input type="checkbox"/> Family/support person not present | |